Physician Wellbeing: Does The Disease Model Work?
AHME Webinar Series
Tuesday, Feb 25, 2019

Kari Hortos, DO, FACOI, FAODME
Chief Academic Officer-Statewide Campus System
Associate Dean Southeast Michigan
Michigan State University College Osteopathic Medicine

Objectives

• Summarize ACGME Wellbeing Taskforce Strategic Plan and Initiatives.
• Describe Statewide Campus System’s Osteopathic Recognition Model with Physician Wellbeing as one of the 3 domains.
• Apply Change Theory to define success expectations for wellness programs.

• January 2014 – 6 elements
• August 2016 – Nasca letter to GME community
First Symposium – November 2015

GOALS
1. Understand the problem across the continuum.
2. Advise the academic board of directors on how to be an effective agent of positive, transformational change for resident well-being and the creation of new humanizing learning environments.
3. Design a national dialogue with physician wellness that leads to positive transformative change in the learning environment, culture, for medical students, residents, fellows, faculty members, and practicing physicians.
4. Design ongoing collaborations and relationships with other organizations inside and outside of the house of medicine to effect positive change in the learning environment, culture, for medical students, practicing physicians, and other health professionals, and to the culture of medicine and medical education.

Second Symposium – November 2016

GOALS
1. Develop concrete action plans to address the issue of physician wellness by developing new programs and incorporating existing programs.
2. Continue the national dialogue and launch a national initiative to effect positive transformational change in the learning environment, culture, for medical students, practicing physicians, and other health professionals, and to the culture of medicine and medical education.
3. Provide guidance to the ACOEM on how to conduct and utilize “unique lines of influence” to effect positive transformational change in the learning environment, culture, for medical students, practicing physicians, and other health professionals, and to the culture of medicine and medical education.
4. Promote a scholarly approach to wellness interventions and innovation.
Third Symposium-November 2017

Goals
1. Highlight “successes”
2. Ensure inclusivity and representation of community
3. Address anxiety related to new Common Program Requirements
4. Develop a plan for sustainability
1. The body is a unit; the person is a unit of body, mind, and spirit.

2. The body is capable of self-regulation, self-healing, and health maintenance.

3. Structure and function are reciprocally interrelated.

4. Rational treatment is based upon an understanding of the basic principles of the above three principles.
History of SCS 2015
47 Hospitals
31 FQHCs
225 Residency Programs
~35 Specialties
2253 AOA approved positions
~1942 osteopathic residents

Osteopathic Principles & Practice Committee

Osteopathic Recognition Task Force
January 2016
Purpose:
Develop essential educational deliverables that SCS can provide to ANY residency seeking ACGME Osteopathic Recognition.

Osteopathic Recognition Task Force
• 8 Residents
• 12 Faculty
• FM, IM, ONMM, PM&R, Psychiatry

Survey of all stakeholders
Osteopathic Recognition
3 Educational Components
1. Biomechanical Competencies
   • (OMT)
2. Health Promotion Competencies
   • (OPP/Lifestyle Medicine)
3. Physician Wellbeing Competencies
   • (OPP/Professionalism)

“To find health should be the object of the doctor. Anyone can find disease.”
Andrew Taylor Still 1899

Physical Wellbeing Current Reality
Physicians' health practices strongly influence patient health practices
- Orberg and Frank, 2009

• Physicians working on personal poor health habits are even more effective
• Differentiates between counseling vs. lecturing
1. Biomechanical Competencies
2. Health Promotion Competencies
3. Physician Wellbeing Competencies

Build Osteopathic Recognition Literature Resource Library
• Components 1, 2 & 3

Create module on OMT documentation, coding and billing
• Component 1

Restructure approach tactics to OMT modules with competency “workshops”
• Component 1

Development of Lifestyle Medicine modules (Health Promotion) with competency “workshops”
• Component 2 & 3

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**OR Implementation:**

**Physician Wellbeing Component**

**Since March 2017**
• 6 one-day workshops
• 1-webinar
• Te4Q single site curriculum
• Quarterly web-based OR Journal Club
• On-line lifestyle medicine resource development
  – [http://www.lifestylemedicine.org/Web-Based-Resources](http://www.lifestylemedicine.org/Web-Based-Resources)

**Topics:**
• Nutrition, Burnout, Wellbeing tools, Self-care, exercise prescription, Resilience

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**Physician Wellbeing Initiative**

**Assess Well-being**
• 100% Anonymous
• Brief 7-question survey
• Provides comparison info

**Provides Resources**
• Online resources primarily informational
• Resource page can be individualized

**Tracks Progress**
• Individual and institutional with comparison to national averages
  
  https://demo.mywellbeingindex.org/login?utm_campaign=Well-Being%2520Index%2520Demo&utm_source=hs_automation&utm_medium=email&utm_content=35807827&_hsenc=p2ANqtz-8YpxUGdUg iYwOO9rdqEMHlY3oSYl0XQK1qa5Jr-e-abJL2eWScPFLB_okooEudZP-TH336bUVGI7cTA31rvYrYiiBVtA&_hsmi=35807827

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### Changing Behavior

**Prochaska's Stages of Change**

**Transtheoretical Model**

<table>
<thead>
<tr>
<th>STAGE</th>
<th>ATTITUDE</th>
<th>(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-contemplation</td>
<td>Never</td>
<td>50-60%</td>
</tr>
<tr>
<td>Contemplation</td>
<td>Someday</td>
<td>20-40%</td>
</tr>
<tr>
<td>Preparation</td>
<td>Soon</td>
<td>10-15%</td>
</tr>
<tr>
<td>Action</td>
<td>Now</td>
<td>5-10%</td>
</tr>
<tr>
<td>Maintenance</td>
<td>Forever</td>
<td>5-10%</td>
</tr>
</tbody>
</table>

*Permission M. Moore, Wellcoaches

Wellness Perception in Residency Programs after an Educational Intervention

Method:
• Half-day Wellness Workshop
• Self-Care plan instruction
• Pre and post survey (3 mo) determine knowledge of burnout and wellness resources

Outcomes:
• Statistically significant evidence that seminar educated participants on burnout and wellness resources.
• Those that completed a self-care plan marked increase awareness of burnout in self and others and the resources available.

Using Readiness for Change Graph

Workshop Participants
N = 100
Pre-workshop survey
N = 47
Post-workshop survey
N = 26
3mo post-workshop survey
N = 26
Completed self-care plan
N = 10
Coaching Behavior Change*

- **Precontemplation/contemplation**
  - Empathy – Information – Exploring barriers

- **Preparation**
  - Investigation – Planning – Commitment

- **Action**
  - Rewards – Analyze challenges – Cues


Changing Organizations

Organizational Change Programs
- “Fear-Facts-Force” Disease Model
- Action Oriented
  - “Imposed change is opposed change”

https://www.researchgate.net/publication/226269422_A_Transtheoretical_Approach_To_Changing_Organizations
Stage matched approaches to change:

- Reduces resistance
- Increases participation
- Reduces dropout
- Increases change progress

Questions?
hortos@msu.edu